



## **AVON POLICE DEPARTMENT**

60 West Main Street, Avon, Connecticut 06001 860-409-4200

## CITIZENS' POLICE ACADEMY ENROLLMENT APPLICATION FORM

NAME:		DATE OF BIRTH:
ADDRESS:		CITY:
HOME PHONE:	CELL PHONE:	E-MAIL:
EMPLOYER:(Name)	(Address)	OCCUPATION:
Please explain your interest in enr		zens' Police Academy:
How did you hear about the Avon	Citizens' Police Acade	emy?
	6	with; (please list any awards/recognition received):
Have you ever been arrested or co		f so, explain:
SIGNATURE:		DATE:

\*This information will be considered confidential. Please call Ofc. Lundell if you have any questions or concerns about arrest or conviction information.